



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

RECEIVED
CENTRAL FAX CENTER

JUL 27 2005

Facsimile Transmittal

DATE: July 27, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Robert Wilson
Art Unit: 2661

FAX NUMBER: (571) 273-8300

FROM: S. Hossain Beladi, Attorney for Applicant
Registration No. 42,311

Total Number of Pages Sent: 9 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: PA363DIVC1

ENCLOSED ARE:

- Response to Notice of Non-Compliant Amendment (6 pages)
- Transmittal (in duplicate)

RECEIVED
OIPE/IAP

JUL 28 2005

APPLICANT: Serge Willenegger
ASSIGNEE: QUALCOMM Incorporated
SERIAL NO.: 09/804,621
FILED: March 12, 2001
FOR: Subchannel Control Loop

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: PA363DIVC1
In Re Application of: Serge Willenegger et al.
Serial Number: 09/804,621
Filed: March 12, 2001
Examiner: Robert Wilson
Group Art Unit: 2661

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	12	12	0	x \$50 =	\$0.00	
Independent**	2	2	0	x \$200 =	\$0.00	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00	
EXTENSION FEES				<input type="checkbox"/> One Month	\$120	\$0.00
				<input type="checkbox"/> Two Months	\$450	\$0.00
				<input checked="" type="checkbox"/> Three Months	\$1020	\$1020.00
TERMINAL DISCLAIMER				\$130	\$0.00	
				TOTAL FEE	\$1020.00	

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 27, 2005

Signature: S. Hossain Beladi, Reg. No. 42,111
(858) 651-4470QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: July 27, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Cheryl Schoen
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)